

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 1 on:  
 FILE No. G 132 MAY 15 1951

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) <i>Charles</i> TOWN <i>Pomonkey</i> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) <i>Washington D.C.</i> TOWN STREET ADDRESS (If rural, give location) <i>2327 Hartford St. S.E.</i>	
3. NAME OF DECEASED (Type or Print) <i>ROSCOE LAWRENCE Aikens</i>		4. DATE OF DEATH (Month) <i>4</i> (Day) <i>15</i> (Year) <i>1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8/18/23</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Soda Dispenser</i>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		10b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
11. FATHER'S NAME <i>John F. Aikens</i>		12. MOTHER'S MAIDEN NAME <i>Pauline Aikens (Proctor)</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		14. SOCIAL SECURITY NO.	
15. (If yes, give war or dates of service)		16. INFORMANT AND ADDRESS <i>Mrs. Pauline Aikens</i>	

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a)

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

##### 19a. DATE OF OPERATION

##### 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH  
*4-15-51*

21. ACCIDENT (Specify) SUICIDE HOMICIDE <i>Accident</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <i>ROAD</i>		(CITY OR TOWN) <i>Pomonkey</i>		(COUNTY) <i>Chas</i>		(STATE) <i>MD</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>4 15-51 5 PM</i>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? <i>Auto accident</i>					

22. I hereby certify that I attended the deceased from *4-15-51* to *4-15-51* and that I last saw the deceased alive on *4-15-51* and that death occurred at *5 PM*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>4-20-51</i>		DATE THEREOF <i>4-20-51</i>		NAME OF CEMETERY OR CREMATORY <i>Arlington National Cemetery</i>		LOCATION (City, town, or county) <i>Arlington, Va</i>		(State)	
DATE REC'D BY LOCAL REG. <i>4-15-51</i>		REGISTRAR'S SIGNATURE <i>M. E. Parsons</i>		24. FUNERAL DIRECTOR <i>Barnes &amp; Matthews</i>		ADDRESS <i>614 4th St. S.W.</i>			

*Attest: Deputy Registrar*

*760 VVV*

RECEIVED  
MAY 9 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

3681

1. PLACE OF DEATH COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rison md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rison md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Benjamin</u> (First) <u>Otis</u> (Middle) <u>Deloier</u> (Last)	4. DATE OF DEATH <u>4-26</u> 19 <u>57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Feb 19-1894</u> 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>md</u>
13. FATHER'S NAME <u>John T. Deloier</u>		14. MOTHER'S MAIDEN NAME <u>Clara B. Reed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>NO</u>	
17. INFORMANT AND ADDRESS <u>Belva Deloier</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
Immediate cause	(a) <u>Melanoma</u>		
Antecedent cause(s)	(b) <u>Carcinoma. Gastric</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1951, to 4-26, 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at 11:35 P m., from the causes and on the date stated above.

SIGNATURE <u>James L. Anderson</u>	(Degree or title)	ADDRESS <u>Indic St and Md</u>	DATE SIGNED <u>4-26-57</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>4-27-57</u>	NAME OF CEMETERY OR CREMATORY <u>M. G</u>	LOCATION (City, town, or county) <u>Rison md</u>
DATE REC'D BY LOCAL REG. <u>4/27/57</u>	REGISTRAR'S SIGNATURE <u>Julius H. Pasay</u>	24. FUNERAL DIRECTOR <u>Harold P. Ryan</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

510246

RECEIVED  
APR 30 1951  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

3682

105

## 1. PLACE OF DEATH:

County..... *Charles*  
 City or town..... *Indian Head*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... *19 years*  
 Hospital, institution, or street address where death occurred:  
*21 Mottley Avenue*  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... *MD.* County..... *Charles*  
 City or town..... *Indian Head*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... *21 Mottley Avenue*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Joseph Harris Maddox Dorsett*

## 3. (b) Social Security Number

4. Sex..... *Male* 5. Color or race..... *White* 6. (a) Single, married, widowed, or divorced..... *Married*  
 6. (b) Name of husband or wife..... *Charlotte Dorsett*  
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... *August 21, 1908.*  
 8. AGE: Years..... *62* Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace..... *Popes Creek, Md.*  
 (Town, county, and state)

10. Usual occupation..... *Retired Powder Factory Worker*

11. Industry or business..... *USNPF*

MOTHER FATHER 12. Name..... *James Alexander Dorsett*

13. Birthplace..... *Chas. County, Md.*

14. Maiden name..... *Frances C. Maddox*

15. Birthplace..... *Alexandria, Va.*

16. Informant..... *Mrs. Arthur Lee*

Address..... *Indian Head, Md.*

17. Burial..... Date thereof..... *4-6-51*  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... *Durham*

Location..... *Leansides Md*

18. Funeral director..... *Hunt & Lynn*

Address..... *Waldorf, Md*

19. *45* 19 *51* *M. P. Dorsett*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *April 4* 19 *51* at *7:25* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19 *46* to..... 19 *51*  
 and that I last saw him alive on..... *4/3* 19 *51*

Immediate cause of death..... *Chronic Myocarditis*

..... *DURATION*  
*5 years*

..... *3 wks.*

..... *4 yrs.*

..... *13 Chronic Hepatitis*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please endorse the cause to which death should be charged statistically.

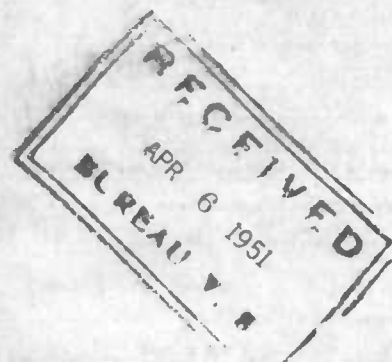
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... *Frank L. Dorsett*  
 Address..... *Indian Head Md* Date signed..... *4-5-51*





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Pennsylvania</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Golden Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Philadelphia</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>none</u>		STREET ADDRESS (If rural, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or Print) <u>THOMAS</u> (First) <u>G.</u> (Middle) <u>ASHBRIDGE</u> (Last)		4. DATE OF DEATH <u>APRIL 20</u> 19 <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>9/13/1881</u>
9. AGE last birthday <u>69</u> yrs.		10. If under 1 year Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Special Representative-Food Products</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	
11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Golden Hill, Md.</u> <u>Mrs. Bessie J. Ashbridge,</u>			

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>CONGESTIVE-HEART FAILURE</u>		<u>3 YEARS</u>
Antecedent cause(s) (b) <u>434.1</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>932</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 FEB., 1949, to 20 APRIL, 1951, that I last saw the deceased alive on 19 APRIL, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify)  
Cremation

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.  
April 28, 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

John Mace, Jr. M.D.LeCompte Funeral Service, 300426

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

VS. A15

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RECEIVED  
APR 30 1951  
BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Alcomico</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Siloam</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Lizzie</u> <u>-</u> <u>Bounds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>23</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 3, 1862</u>
9. AGE last birthday <u>88</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
12. FATHER'S NAME <u>Wesley Dove</u>		13. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>		15. SOCIAL SECURITY NO. <u>--</u>	
16. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital Records</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) General Arteriosclerosis

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis(c) Senile Psychosis

## INTERVAL BETWEEN ONSET AND DEATH

1946  
Several  
years1948II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 16, 1950, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL-CREATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Apr. 24, 1951 John Mace, Jr. M.D. Walter R. Hollman Walter R. Hollman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 25 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *118*

3697

*noted*

1. PLACE OF DEATH- COUNTY <i>Dorchester</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>District of Columbia</i> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Hurlock - Rural</i>		LENGTH OF STAY (in this place) <i>1 yr. 7 mos.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Washington</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Near Elwood</i>				STREET ADDRESS (If rural, give location) <i>6700 Clay Street N.E.</i>	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH
<i>Elizabeth</i>		<i>a.</i>		<i>Brickett</i>	(Month) (Day) (Year) <i>april 25 1951</i>
5. SEX <i>Female</i>	6. COLOR, OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>August 7, 1866</i>	9. AGE last birthday <i>84</i> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Montgomery County, Virginia</i>	
13. FATHER'S NAME <i>Henry F. Morris</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
14. MOTHER'S MAIDEN NAME <i>Sarah A. Hickman</i>		16. SOCIAL SECURITY No. <i>None</i>		17. INFORMANT AND ADDRESS <i>Dorothy E. Adams, Hurlock, Md. E.F.D.</i>	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Inanition</i>					<i>6 wks</i>
Antecedent cause(s) (b) <i>Seriously</i>					<i>1 yr +</i>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Chronic myocardial Degeneration</i>					<i>1 yr +</i>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 20, 1951</i> , to <i>April 25, 1951</i> , that I last saw the deceased alive on <i>April 20, 1951</i> , and that death occurred at <i>1:20 A.M.</i> , from the causes and on the date stated above.					
SIGNATURE <i>W. J. Harrison M.D.</i>		(Degree or title)		ADDRESS <i>Hurlock, Md.</i>	
DATE SIGNED <i>4/25/51</i>					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <i>April 29, 1951</i>	NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	LOCATION (City, town, or county) <i>Washington, D.C.</i>	
DATE REC'D BY LOCAL REG. <i>April 29, 1951</i>		REGISTRAR'S SIGNATURE <i>Chase Hastings</i>		24. FUNERAL DIRECTOR <i>J. J. Frampton and Son, Federalburg, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 7 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

3698

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Cambridge</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Choptank River</b>		STREET ADDRESS <b>502 Pine Street</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <b>FRED</b> (Middle) <b>LAKE</b> (Last) <b>CAMPER</b>		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>15</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>March 2, 1900</b>
9. AGE last birthday <b>51</b> yrs.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oyster Shucker</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Seafood plant</b>		11. BIRTHPLACE (State or foreign country) <b>Cambridge, Md.</b>	
13. FATHER'S NAME <b>Beatty Camper</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Travers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <b>Mable Jackson, Cambridge, Maryland</b>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <b>Immediate cause</b> <b>Drowning</b>		<b>Instant</b>
(b) <b>Antecedent cause(s)</b> <b>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</b>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>Injury River</b>	(CITY OR TOWN) <b>Cambridge</b> (COUNTY) <b>Dorchester</b> (STATE) <b>Md.</b>
TIME (Month) (Day) (Year) (Hour) <b>12:30 AM 4-15-51</b>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <b>Jumped overboard from Long Wharf.</b>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from ☒ natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE **John Mace, Jr., M. D.** (Degree or title) ADDRESS **Deputy Medical Examiner, Cambridge, Md.** DATE SIGNED **4-16-51**

23. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>	DATE THEREOF <b>4-19-51</b>	NAME OF CEMETERY OR CREMATORY <b>Waugh Cemetery</b>	LOCATION (City, town, or county) (State) <b>Cambridge, Maryland</b>
DATE REC'D BY LOCAL REG. <b>April 18, 1951</b>	REGISTRAR'S SIGNATURE <b>John Mace, Jr., M. D.</b>	24. FUNERAL DIRECTOR <b>Lewis H. Bayneum, Cambridge, Md.</b>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A T

690609

RECEIVED  
FEB 10 1951  
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

3699

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Linkwood (rural)</u> 6 mos		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Linkwood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>Rural</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>JOHN</u> (Middle) <u>CHESTNUT</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>25</u> (Year) <u>19</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-23-1898</u>
9. AGE last birthday <u>52</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer Phillips Pkg. Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Sampson Chestnut</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>WW I</u>		16. SOCIAL SECURITY No. <u>214-18-0193</u>	
17. INFORMANT AND ADDRESS <u>Bessie McNeal, Baltimore, Maryland</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
(a) <u>Immediate cause</u> <u>Coronary occlusion</u>			
(b) <u>Antecedent cause(s)</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c) <u>Other significant conditions</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>John Mace, Jr.</u> (Degree or title)		DATE SIGNED <u>4-26-51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5-3-51</u>	NAME OF CEMETERY OR CREMATORY <u>Silent City Cemetery</u>
LOCATION (City, town, or county) <u>Cambridge, Maryland</u>		(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>April 27, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>Lewis H. Bayneum, Cambridge, Md.</u>	

970-408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
APR 30 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

3700

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Hurlock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Nellie</u>	(Middle) <u>Paul</u>	(Last) <u>Coulbourne</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>29th</u>	(Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 25 1888</u>
9. AGE last birthday <u>62</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>House-work</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Samuel J. Craft</u>	14. MOTHER'S MAIDEN NAME <u>Margaret Harper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS <u>Mrs Agnes Holly, E. New Market, Md.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Carcinomatosis - multiple</u>			<u>1 yr. +</u>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Carcinoma of uterus</u>			<u>3 yrs. +</u>
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>50</u> , to <u>April 29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>April 27</u> , 19 <u>57</u> , and that death occurred at <u>3:50 P</u> .m., from the causes and on the date stated above.			
SIGNATURE <u>W. Harrison MD</u>		ADDRESS <u>Hurlock, Md.</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>May 2 1957</u>	<u>Washington Cemetery</u>	<u>Hurlock Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>May 2 1957</u>	<u>Chas W Hastings</u>	<u>S. S. Frankfort &amp; Son</u>	<u>720826 Federalburg, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 7 1964  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

3701

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>		STREET ADDRESS (If rural, give location) <u>Appleby Lane</u>	
3. NAME OF DECEASED (Type or Print) <u>Loedsborough</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>Apr 5</u> (Month) (Day) (Year) 19 <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1883</u> 68 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman &amp; Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Taylorstown Md.</u>
13. FATHER'S NAME <u>Charles Coursey</u>		14. MOTHER'S MAIDEN NAME <u>Matilda Woolford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>✓</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

arteriosclerotic heart disease1 1/2 yrs.

(c)

gangrene right foot3 mos

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-26-, 1947, to 4-25-, 1951, that I last saw the deceasedalive on 4-25-, 1951, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4-28-51</u>	<u>Cambridge</u>	<u>Cambridge</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 30, 1951</u>	<u>John Mace, Jr., M.D.</u>	<u>Remond R. Thoms</u>	<u>Cambridge</u>	

9/10/26 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 3 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

3702

Reg. Dist. No. 11.6

1. PLACE OF DEATH COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>423 Willis Street</b>		STREET ADDRESS (If Rural, give location) <b>423 Willis Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Laura Lillian Dickerson</b>		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>9</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>10/16/1880</b>
9. AGE last birthday <b>70</b> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Not Known</b>		14. MOTHER'S MAIDEN NAME <b>Not Known</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Mrs. John Dickerson, Cambridge, Md.</b>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <b>Coronary occlusion</b>		<b>Instant</b>	
Antecedent cause(s) (b) <b>Hypertensive cardio-vascular disease</b>		<b>Several years</b>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <b>John Mace, M.D.</b>		DATE SIGNED <b>4/9/51</b>	
Deputy Medical Examiner		Cambridge, Maryland.	
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>4/11/1951</b>	
NAME OF CEMETERY OR CREMATORY <b>Spring Hill Cemetery</b>		LOCATION (City, town, or county) (State) <b>Girdle Tree, Maryland</b>	
24. FUNERAL DIRECTOR <b>LeCompte Funeral Service,</b>		ADDRESS <b>Cambridge, Maryland</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED  
APR 12 1951  
BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3703

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Oakley Street</u>		STREET ADDRESS (If rural, give location) <u>Oakley Street</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>HUGH</u> <u>M.</u> <u>FOUNTAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL</u> <u>5</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/22/1879</u>
9. AGE last birthday <u>71</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John A. Fountain</u>		14. MOTHER'S MAIDEN NAME <u>Wilhelmina Mills</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Hugh Fountain, Cambridge, Md..</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) Metastatic carcinoma lungs

INTERVAL BETWEEN ONSET AND DEATH

6 Mo.

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) Adeno carcinoma rectum.

11 Mo.

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>May, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno carcinoma rectum (inoperable)</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May, 1950, to April 5, 1951, that I last saw the deceased

alive on April 5, 1951, and that death occurred at 6.15 p.m., from the causes and on the date stated above.

SIGNATURE John M. M. M. (Degree or title) ADDRESS Cambridge, Md. DATE SIGNED 4/6/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/7/1951</u>		NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park, Cambridge, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>April 9, 1951</u>		REGISTRAR'S SIGNATURE <u>John M. M. M.</u>		24. FUNERAL DIRECTOR <u>LeCompte Funeral Service,</u>	

390916 Cambridge, Maryland

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR - 6 1951  
BEAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH - COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>827 Roselynn Ave</u>		STREET ADDRESS (If rural, give location) <u>827 Roselynn Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Antoinette Sutton Ray</u>		4. DATE OF DEATH (Month) <u>Apr</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>Aug 3-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>63</u> yrs. If under 1 year: Months <u>10</u> Days <u>10</u> Hours <u>19</u> Min.
11. FATHER'S NAME <u>Wm. Thomas Sutton</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. MOTHER'S MAIDEN NAME <u>Mary E. Burch</u>		14. BIRTHPLACE (State or foreign country) <u>Chester town Md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

#### Immediate cause

(a)

#### Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION

#### 19b. MAJOR FINDINGS OF OPERATION

#### INTERVAL BETWEEN ONSET AND DEATH

18 months

#### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

#### PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

#### TIME (Month) (Day) (Year) (Hour) OF INJURY

#### INJURY OCCURRED While at Work ☐ Not While At work ☐

#### HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9-51, 1951, to 4-10-51, that I last saw the deceased

alive on 4-9-51, 1951, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

#### 23. BURIAL, CREMATION REMOVAL (Specify)

#### DATE THEREOF

#### NAME OF CEMETERY OR CREMATORY

#### LOCATION (City, town, or county)

(State)

#### DATE REC'D BY LOCAL REG.

#### REGISTRAR'S SIGNATURE

#### 24. FUNERAL DIRECTOR

#### ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
APR 12 1951  
BUREAU W. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3706

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hurlock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hurlock</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Academy St.</u>	
3. NAME OF DECEASED (Type or Print) <u>James Henry Harper</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/20/1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman (Retail)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McDonough &amp; Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>John P. Harper</u>		14. MOTHER'S MAIDEN NAME <u>Gertrude Bashin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT (AND ADDRESS) <u>Mrs. James H. Harper (Wife)</u>		18. MEDICAL CERTIFICATION	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocardial Degeneration 5 yrs +

Antecedent cause(s) (b) 4222

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 462

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

Probable Carcinoma of bowel.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 8, 1951, to April 10, 1951, that I last saw the deceased alive on April 8, 1951, and that death occurred at 1:00 A.M. from the causes and on the date stated above.

SIGNATURE W. Harrison MD (Degree or title) ADDRESS Hurlock Md. DATE SIGNED 4/10/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4/12/1951</u>	<u>Washington</u>	<u>Hurlock, Dor. Md.</u>	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/12/1951</u>	<u>Charles Hastings</u>	<u>P.B. Tilloridge</u>	<u>Hurlock, Md 490817</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
APR 16 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

3707

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Maryland Hospital</u>		STREET ADDRESS <u>R.F.D. #1</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>ELLEN</u>	(Last) <u>HURLEY</u>
4. DATE OF DEATH	(Month) <u>APRIL</u>	(Day) <u>30</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/17/1895</u>
9. AGE last birthday <u>56</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James E. Gatton</u>		14. MOTHER'S MAIDEN NAME <u>Annie Elliott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>not known</u>	
17. INFORMANT AND ADDRESS <u>James Hurley, Cambridge R.F.D. #1</u>		Md.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Uremia

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Nephritis(c) Diabetes Mellitus

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Cirrhosis of the Liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1949, to 4-30, 1951, that I last saw the deceasedalive on 4-29, 1951, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/2/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park--</u>	LOCATION (City, town, or county) <u>Cambridge, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>May 2, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mac, J. M. S.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service,</u> <u>Cambridge, Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13



MAY 3 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

3708

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>163 Wash. St.</u>		STREET ADDRESS (If rural give location) <u>163 Washington St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Sarah Jackson</u>	(First) (Middle) (Last)	4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>	9. AGE last birthday <u>75</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Vincent Green</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Kane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>NO</u>	
17. INFORMANT <u>Mr. Isaac Jackson - Husband</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a) Acute Cardiac Failure1 Hr.

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-vascular Heart Disease 3 yrs.

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒  
(STATE)

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-1, 1951, to 4-7, 1951, that I last saw the deceased alive on 4-7, 1951, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>4/12/1951</u>	<u>Naugh Cemetery</u>	<u>Cambridge, Md</u>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 12, 1951</u>	<u>John Mace, Jr., M.D.</u>	<u>Herbert M. St. Clair, Jr.</u>	<u>Cambridge, Md</u>	

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 12 1951

BUREAU W. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

3709

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Port Deposit</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	<u>EARL</u>	<u>E.</u>	<u>KEILHOLTZ</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>3/27/72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>79</u> yrs.
13. FATHER'S NAME <u>Charles Keilholtz</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
16. SOCIAL SECURITY NO. <u>none</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Harris</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital Records</u>			

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cardiac Failure</u>		<u>5 hrs.</u>
Antecedent cause(s) (b) <u>General Arteriosclerosis, Gangrene, left foot</u>		<u>sev. yrs. &amp; 4 wks., resp.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, with superimposed Psychosis with Cerebral Arteriosclerosis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1950, to April 20, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE Repeal Hederman M.D. (Degree or title) ADDRESS E.S.S.H., Cambridge, Md. DATE SIGNED 4/20/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4-23-51</u>	NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>	LOCATION (City, town, or county) (State) <u>Port Deposit, RD 2nd Md.</u>
DATE REC'D BY LOCAL REG. <u>April 20, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mac, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>John A. Patterson &amp; Son, Perryville, Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED  
JUN 23 1958  
ALABAMA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3710

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>DORCHESTER</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Williamsburg Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Williamsburg Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Rural 1/2 mile on Preston Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>DANIEL</u>	(Middle) <u>THOMAS</u>	(Last) <u>KENNEDY</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 14 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
13. FATHER'S NAME <u>GEORGE W. KENNEDY</u>		14. MOTHER'S MAIDEN NAME <u>MARY EVANS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS <u>MRS EVA KENNEDY WILLIAMSBURG, MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>443X Congestive Heart Failure</u>		
Antecedent cause(s) (b) <u>93d Hypertensive cardiovascular disease</u>		
(c) <u>Arteriosclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Jan, 1950, to 30 April, 1951, that I last saw the deceased alive on 24 March, 1951, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE <u>Paul Rawlin</u> MD		ADDRESS <u>Federalburg, Md</u>		DATE SIGNED <u>1 May 51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>MAY 2 1951</u>	NAME OF CEMETERY OR CREMATORY <u>WASHINGTON CEMETERY</u>	LOCATION (City, town, or county) <u>HURLOCK, MD</u>	(State)
DATE REC'D BY LOCAL REG <u>May 2-1951</u>	REGISTRAR'S SIGNATURE <u>Charles Hastings</u>	24. FUNERAL DIRECTOR <u>J.S. FRAMPTON, SON</u>		ADDRESS <u>100105 FEDERALBURG, MD</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 7 1951

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

3711

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Secretary - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Secretary - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u> (First) <u>-</u> (Middle) <u>KOSKI</u> (Last)		4. DATE OF DEATH <u>5/2</u> (Month) <u>2</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/25/1867</u>
9. AGE last birthday <u>83</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework (ret)</u>	
11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Michalski</u>		14. MOTHER'S MAIDEN NAME <u>Mary Michalski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>332X</u>	
17. INFORMANT AND ADDRESS <u>Frank Koski, Secretary Rd.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 daysAntecedent cause(s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last(b) Generalized arteriosclerosis15 yrs.II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.Hyperchromic Macrocytic Anemia15 yrs

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/6/1940, to 4/2/1951 that I last saw the deceased alive on 4/2/1951, and that death occurred at 10:20P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	34. FUNERAL DIRECTOR	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED  
APR 12 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3712

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>New York</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brooklyn</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Appleby Convalescing Home</u>		STREET ADDRESS (If rural, give location) <u>3717 4th St</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Emma</u> (Middle) <u>Haynie</u> (Last) <u>Lewis</u>	4. DATE OF DEATH	(Month) <u>4</u> (Day) <u>3</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6/20/1868</u>
9. AGE last birthday <u>82</u> yrs.		10. If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
12. BIRTHPLACE (State or foreign country) <u>Northumberland Co., Virginia</u>		13. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14. FATHER'S NAME <u>Edwin Haynie</u>		15. MOTHER'S MAIDEN NAME <u>Margaret Berry</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>None</u>	
18. INFORMANT AND ADDRESS <u>Wm R. Lewis, 3717 4th St., Brooklyn, N.Y.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

CEREBRAL ARTERIO-SCLEROSIS 5 YEARS

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Dec 1950, to 3 APRIL 1951, that I last saw the deceased

alive on 3 APRIL 1951, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

4 APRIL 1951 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/6/51

John Mace, Jr., M.D.

The Copley Funeral Service, Cambridge, Md.

for John F. Denny, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3714

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Galestown (Rural)</u> LENGTH OF STAY <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Galestown (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Woodland, Del.</u>		STREET ADDRESS <u>Near Woodland, Delaware</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>BERTHA</u>	(Middle) <u>ADELE</u>	(Last) <u>MASSEY</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>14</u> (Year) <u>1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	8. DATE OF BIRTH <u>May 17, 1878</u>
13. FATHER'S NAME <u>Elisha Morris</u>		11. BIRTHPLACE (State or foreign country) <u>Woodland Delaware</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
16. SOCIAL SECURITY NO. <u>None</u>		14. MOTHER'S MAIDEN NAME <u>Mary Cannon</u>	
17. INFORMANT <u>Mrs. Mary Kinnikin,</u>		<u>Mardela Springs, Maryland</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>				<u>48 hrs.</u>
Antecedent cause(s) (b) <u>Hypertensive Cerebrovascular heart disease</u>				<u>6 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1951, to April 14, 1951, that I last saw the deceased alive on Apr. 14, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 18, 1951</u>	<u>Odd Fellows Cemetery</u>	<u>Seaford, Delaware</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 18, 1951</u>	<u>Chas W Hastings</u>	<u>Medford L. Watson Jr.</u>	<u>Seaford, Delaware</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

3713

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Wingate</b> TOWN <b>Wingate</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>(none)</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Wingate</b> TOWN <b>Wingate</b> STREET ADDRESS <b>(none)</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>EBEN EDWIN MC GLAUGHLIN</b> (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>April 2, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>10/14/1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fisherman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fishing industry</b>	9. AGE last birthday <b>55</b> yrs. If under 1 year Months Days If under 24 hrs Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William McGlaughlin</b>		14. MOTHER'S MAIDEN NAME <b>Louise Murphy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>WW II</b>		16. SOCIAL SECURITY No. <b>none</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Ira Lewis McGlaughlin</b>			

18. MEDICAL CERTIFICATION <b>Wingate, Maryland</b>			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <b>Coronary occlusion</b>			<b>Instant</b>
Antecedent cause(s) (b) <b>420.1 Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</b>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) <b>Wingate</b>	(COUNTY) <b>Dorchester</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <b>John Mace, Jr.</b> (Deputy of title)		DATE SIGNED <b>4-3-51</b>	
23. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>		NAME OF CEMETERY OR CREMATORY <b>Dorchester Memorial Park, Cambridge, Maryland</b>	
DATE REC'D BY LOCAL REG. <b>4/3/51</b>		24. FUNERAL DIRECTOR <b>LeCompte Funeral Service</b> <b>Cambridge, Maryland</b>	

9/10/26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





*James M. [illegible]*

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

3715  
 Reg. Dist. No. 11

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>203 Byrn Street</u>		STREET ADDRESS (If rural, give location) <u>203 Byrn Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>JAMES</u>	(Middle) <u>Clinton</u>	(Last) <u>MOWBRAY</u>
4. DATE OF DEATH	(Month) <u>APRIL</u>	(Day) <u>3</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/23/1889</u>
9. AGE last birthday <u>61</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>General Construction</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Albert Mowbray</u>		14. MOTHER'S MAIDEN NAME <u>Emma Burton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. George Airey, Cambridge, Md.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Occlusion</u>		<u>8 min.</u>
Antecedent cause(s) (b) <u>Coronary Sclerosis</u>		<u>?</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE (Degree or title) <u>Eldridge H. Hoffland, M.D., M.P.H.</u>		DATE SIGNED <u>4-5-51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/6/1951</u>
NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park, Cambridge, Maryland</u>		LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>4/6/51</u>		24. FUNERAL DIRECTOR <u>LeCompte Funeral Service, 970246</u>

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 9 1951  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3716

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <b>Dorchester</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Taylor's Island</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Taylor's Island</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>Ernest</b>	(Middle) <b>A.</b>	(Last) <b>Mundy</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Dec. 25, 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	9. AGE last birthday <b>59</b> yrs.
11. BIRTHPLACE (State or foreign country) <b>Dorchester County, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William A. Mundy</b>		14. MOTHER'S MAIDEN NAME <b>Caroline L. Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Florence M. Parker, Vienna, Maryland</b>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

##### 19a. DATE OF OPERATION

##### 19b. MAJOR FINDINGS OF OPERATION

##### INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10/16**, 19**50**, to **4/11**, 19**51**, that I last saw the deceased

alive on **4/11**, 19**51**, and that death occurred at **6 P.** m., from the causes and on the date stated above.

SIGNATURE **[Signature]** M.D. ADDRESS **Cambridge, Maryland** DATE SIGNED **April 13, 1951**

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>April 15, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Lane Methodist Cemetery</b>	LOCATION (City, town, or county) <b>Taylor's Island, Md.</b>	(State)
--	---------------------------------------	---	---	---------

DATE REC'D BY LOCAL REG. <b>April 8, 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	24. FUNERAL DIRECTOR and ADDRESS <b>J. J. Frampton and Son, Federalsburg, Md</b>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

820105

RECEIVED  
APR 19 1961  
BUREAU W. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3717  
Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
TOWN <u>Cambridge</u>		TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>		STREET ADDRESS (If rural, give location) <u>29 High Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Anita Henry Drew</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-8-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birth (day) (Month) (Year) <u>77 yrs.</u>
11. BIRTHPLACE (State or foreign country) <u>Cambridge</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Robert B. Henry</u>		14. MOTHER'S MAIDEN NAME <u>Julia Mase</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Harry C. Drew - Cambridge</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Acute Myocardial Dilatation</u>		<u>7 hours</u>
443X Antecedent cause(s) <u>Chronic Myocarditis</u>		<u>4 years</u>
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hypertension (essential)</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/10, 1950, to 4/9, 1951, that I last saw the deceased alive on 4/9, 1951, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE <u>W. J. Banks M.D.</u>	ADDRESS <u>Cambridge Md.</u>	DATE SIGNED <u>4/9/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>April 10-51</u>	NAME OF CEMETERY OR CREMATORY <u>Christ Church Cemetery</u>
LOCATION (City, town, or county) <u>Cambridge</u>	(State) <u>MD</u>	
DATE REC'D BY LOCAL REG. <u>April 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Juan Mac. J. M. W.</u>	24. FUNERAL DIRECTOR <u>Reverend L. Thomas</u>
		ADDRESS <u>Cambridge</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157

RECEIVED  
APR 12 1951  
BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3718  
Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenburn Avenue</u>		STREET ADDRESS (If rural, give location) <u>Glenburn Avenue</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EDWARD</u> (Middle) <u>SAMUEL</u> (Last) <u>PHILLIPS</u>	4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/11/1869</u>
9. AGE last birthday <u>82</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Merchandise</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Wesley Phillips</u>		14. MOTHER'S MAIDEN NAME <u>Mary Jane Meekins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Edward Phillips- Cambridge, Md.</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191X Immediate cause (a) Uremia  
Antecedent cause(s) (b) Cardioma of Yce  
53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH  
5 days  
3 years

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1950, to April 20, 1951, that I last saw the deceased alive on 4-26-1951, and that death occurred at 8:45 p.m. from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) ADDRESS 9 Race St., Cambridge, Maryland DATE SIGNED 4-28-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/23/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Cambridge Cemetery</u>	LOCATION (City, town, or county) (State) <u>Cambridge, Maryland</u>
DATE REC'D BY LOCAL REG. <u>April 26, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service, Cambridge, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 27 1954

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3719  
Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Vienna</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Camb. Md Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ada</u>	(Middle) <u>Agnes</u>	(Last) <u>Pinkett</u>
4. DATE OF DEATH	(Month) <u>Apr.</u>	(Day) <u>16</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 11, 1897</u>
9. AGE last birthday <u>53</u> yrs.	If under 1 year Months <u>9</u> Days <u>5</u>	If under 24 hrs. Hours <u>5</u> Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>
11. BIRTHPLACE (State or foreign country) <u>Dorchester Co. Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>James O. Askins</u>	14. MOTHER'S MAIDEN NAME <u>Sarah Farrare</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>219-07-3814</u>	17. INFORMANT AND ADDRESS <u>Mary Cephas, Cambridge, Md</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

## Antecedent cause(s)

442X 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## INTERVAL BETWEEN ONSET AND DEATH

1 week

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-11, 1945, to 4-16, 1951, that I last saw the deceased

alive on 4-16, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Apr 19 1951</u>	<u>Vienna Cemetery</u>	<u>Vienna, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 18, 1951</u>	<u>John Mace, Jr. M.D.</u>	<u>Herbert M. St. Clair, Jr.</u>	<u>Cambridge, Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970 426

RECEIVED  
APR 19 1951  
BUREAU W.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

3720

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>313 Washington Street</u>		STREET ADDRESS (If rural, give location) <u>313 Washington Street</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>HENERY</u> (Middle) <u>RIGGINS</u> (Last)		4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>19</u> (Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>4/3/1883</u>
9. AGE last birthday <u>68</u> yrs.		10. If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marine Freighting-</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Scott Riggins</u>		14. MOTHER'S MAIDEN NAME <u>Jane Shenton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>218-12-1055</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Nettie C. Riggins, Cambridge, Md.</u>			

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>Uremia</u>	(a) <u>  </u>	<u>3 days</u>
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Pyrlo-nephritic and cystitis</u>	<u>8 months</u>
(c) <u>Osteo arthritis of lumbar spine</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20/51, 1951, to 4/19/51, 1951, that I last saw the deceased alive on 4/18/51, 1951, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE <u>Wm. S. Gunkel, M.D.</u>	(Degree or title)	ADDRESS <u>9 Race St. Cambridge-Md.</u>	DATE SIGNED <u>4-21-51</u>
23. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>	DATE THEREOF <u>4/21/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park- Cambridge, Maryland</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Apr. 24, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service,</u>	ADDRESS <u>673546 Cambridge, Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 25 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11.6

3721

1. PLACE OF DEATH: COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge (Rural)</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge (Rural)</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>R.F.D.#1</b>		STREET ADDRESS <b>R.F.D.#1</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>THOMAS</b> (First) <b>W</b> (Middle) <b>SIMMONS</b> (Last)		4. DATE OF DEATH (Month) <b>APRIL</b> (Day) <b>22</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/17/1867</b>
9. AGE last birthday <b>83</b> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. FATHER'S NAME <b>Josias S. Simmons</b>		14. MOTHER'S MAIDEN NAME <b>Leah C. Beckwith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT AND ADDRESS <b>Daily Banner- Cambridge, Maryland</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

422, 2 Antecedent cause(s)

93d Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) *Chronic Myocardial Insufficiency Type 2*  
(b) *(2ph)*  
(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan 1951*, 19*51*, to *Apr 1951*, 19*51* that I last saw the deceased alive on *Apr 1951*, 19*51*, and that death occurred at *7* m., from the causes and on the date stated above.

SIGNATURE *John Mack, Jr., M.D.* ADDRESS *4-24-51* DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>4/24/1951</b>		NAME OF CEMETERY OR CREMATORY <b>Christ Church Cemetery</b>		LOCATION (City, town, or county) <b>Cambridge, Maryland</b>		(State) <b>Maryland</b>	
DATE REC'D BY LOCAL REG. <i>April 26, 1951</i>		REGISTRAR'S SIGNATURE <i>John Mack, Jr., M.D.</i>		24. FUNERAL DIRECTOR <b>LeCompte Funeral Service</b>		ADDRESS <b>055877</b>		<b>Cambridge, Maryland</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157



RECEIVED

APR 27 1954

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

3722

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>104 Hayward Street</b>		STREET ADDRESS (If rural, give location) <b>104 Hayward Street</b>	
3. NAME OF DECEASED (Type or Print)	(First) <b>MELVINA</b>	(Middle) <b>J.</b>	(Last) <b>SMITH</b>
4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	7. DATE OF BIRTH <b>7/12/1873</b>
8. DATE OF DEATH <b>APRIL 15 1951</b>	9. AGE last birthday <b>77 yrs.</b>	10. If under 1 year Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Edward Willey</b>	
14. MOTHER'S MAIDEN NAME <b>Lucy Meredith</b>		15. INFORMANT AND ADDRESS <b>1501 Bolton St., Mrs. John Turner, Baltimore, Md.</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. SOCIAL SECURITY NO. <b>none</b>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<b>3 WEEKS</b>
(a) Immediate cause <b>CEREBRAL THROMBOSIS</b>		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>332X 53b</b>		
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2 SEPT 1949**, to **15 APRIL 1951**, that I last saw the deceased alive on **1 APRIL 1951**, and that death occurred at **5:13 P** m., from the causes and on the date stated above.

SIGNATURE: **Halter E. Gentry, M.D.** (Degree or title) ADDRESS: **Cambridge, Md.** DATE SIGNED: **4-19-51**

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>4/17/1951</b>	NAME OF CEMETERY OR CREMATORY <b>Cambridge Cemetery</b>	LOCATION (City, town, or county) (State) <b>Cambridge, Maryland</b>
DATE REC'D BY LOCAL REG. <b>April 20, 1951</b>	REGISTRAR'S SIGNATURE <b>John Mace, Jr., M.D.</b>	24. FUNERAL DIRECTOR <b>LeCompte Funeral Service, Cambridge, Maryland</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

*Marion Richardson*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

3723

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge-Maryland Hospital</u>		STREET ADDRESS (If rural, give location) <u>Lincoln Terrace</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Stephen</u> (Middle) <u>Smith</u> (Last)		(Month) <u>April</u> (Day) <u>14</u> , (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner of Confectionery Store</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>about 55</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>unknown</u>	
17. INFORMANT AND ADDRESS			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Uremia

177X Antecedent cause(s)  
Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b) Carcinoma prostate gland

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 days

?

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-7, 19 51, to 4-14, 19 51, that I last saw the deceased alive on 4-14, 19 51, and that death occurred at SA m., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

John Mage, Jr., M. D., Cambridge, Maryland

April 17, 1951

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-18-51</u>	<u>Waugh Cemetery</u>	<u>Cambridge, Maryland</u>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>April 18, 1951</u>	<u>John Mage, Jr., M.D.</u>	<u>Herbert M. St. Clair, Jr.</u>	<u>Cambridge, Maryland</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

290417

RECEIVED

MAR 19 1951

BUREAU W. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3724

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Taylors Island</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Taylors Island</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)		STREET ADDRESS (If rural, give location) (none)	
3. NAME OF DECEASED (First) <b>LULA</b> (Middle) <b>KEENE</b> (Last) <b>SPILMAN</b>		4. DATE OF DEATH (Month) <b>APRIL</b> (Day) <b>11</b> (Year) <b>51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/25/1875</b>
9. AGE last birthday <b>75</b> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Thomas H. Keene</b>		14. MOTHER'S MAIDEN NAME <b>Eliza Emory Travers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT AND ADDRESS <b>Earl R. Keene, Golden Hill, Md.</b>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Impaled Gall Stones**

INTERVAL BETWEEN ONSET AND DEATH

**2 weeks**

Antecedent cause(s)

(b) **Cholelithiasis**

**15 yrs**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

**Senility**

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

**none**

#### 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <input checked="" type="checkbox"/>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <input checked="" type="checkbox"/>	INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Apr. 9, 1951**, to **Apr. 11, 1951**, that I last saw the deceased alive on **April 10, 1951**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**James W. Meade M.D.**

**M.D.**

**Fishing Creek, Md April 12/51**

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>4/14/1951</b>	NAME OF CEMETERY OR CREMATORY <b>Episcopal Church Cemetery, Taylors Island</b>	LOCATION (City, town, or county) <b>Taylors Island</b> (State)
DATE REC'D BY LOCAL REG. <b>April 16, 1951</b>	REGISTRAR'S SIGNATURE <b>John Mace, Jr. M.D.</b>	24. FUNERAL DIRECTOR <b>LeCompte Funeral Service,</b>	ADDRESS <b>Cambridge, Maryland</b>

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

RECEIVED  
APR 18 1951  
BUREAU W. SS.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

3725

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Cambridge</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>206 Washington Street</b>		STREET ADDRESS <b>206 Washington Street</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <b>JAMES</b> (Middle) <b>GOLDSBOROUGH</b> (Last) <b>WHEATLEY</b>		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>7</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <b>12-5-1947</b>
9. AGE last birthday <b>3</b> yrs.		10. If under 1 year Months Days If under 24 hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Indian</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Cambridge, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Wheatley</b>		14. MOTHER'S MAIDEN NAME <b>Annie Fields</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <b>Issac Wilson, 225 Pine Street</b>			

18. MEDICAL CERTIFICATION		Cambridge, Maryland	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>Intra abdominal hemorrhage</b>		<b>6 hrs.</b>	
(b) <b>Rupture of spleen.</b>		<b>6 hrs.</b>	
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
INJURY <b>Highway</b>		<b>Nr. Cambridge Dor. Md.</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>4 7 51 a. m.</b>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <b>Auto overturned.</b>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <b>John Mace, Jr.</b> (Please print name)		DATE SIGNED <b>4-12-51</b>	
M. D., Deputy Medical Examiner, Cambridge, Md.			
23. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>		DATE THEREOF <b>4-11-51</b>	
NAME OF CEMETERY OR CREMATORY <b>Cordtown Cemetery</b>		LOCATION (City, town, or county) (State) <b>Cambridge, Maryland</b>	
24. FUNERAL DIRECTOR <b>Lewis H. Bayneum, Cambridge, Md.</b>		ADDRESS	

DATE REC'D BY LOCAL REG. **April 12, 1951**

REGISTRAR'S SIGNATURE **John Mace, Jr., M.D.**

24. FUNERAL DIRECTOR **Lewis H. Bayneum, Cambridge, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 12 1951

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

3726

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Cambridge</b>		LENGTH OF STAY (In this place) <b>2 wks.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Cambridge</b>		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Fairpount Ave.</b>				STREET ADDRESS <b>9 Fairmount Ave.</b> (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <b>JOHN</b> (Middle) <b>WHITE</b> (Last)		4. DATE OF DEATH		(Month) <b>April</b> (Day) <b>9</b> (Year) <b>51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>unknown</b>	8. DATE OF BIRTH <b>approx. 1879</b>	9. AGE last birthday <b>approx. 60</b> yrs.	If under 1 year Months	If under 24 hrs Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General laborer in sawmill</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give branch) <b>unknown</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY No. <b>unknown</b>		17. INFORMANT AND ADDRESS <b>H. M. St. Clair, Jr., Cambridge, Md</b>		
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <b>Pneumonia (type unknown)</b>						<b>2 days.</b>	
Antecedent cause(s) (b) <b>493X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</b>							
Other (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Nnt while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notrol causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE <b>Deputy Medical Examiner</b>		(Degree or title)		ADDRESS <b>Cambridge, Md.</b>		DATE SIGNED <b>4/11/51</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>4-10-51</b>		NAME OF CEMETERY OR CREMATORY <b>Waugh Cemetery</b>		LOCATION (City, town, or county) (State) <b>Cambridge, Maryland</b>	
DATE REC'D BY LOCAL REG. <b>April 12, 1951</b>		REGISTRAR'S SIGNATURE <b>John M. St. Clair, Jr.</b>		24. FUNERAL DIRECTOR <b>Herbert M. St. Clair, Jr.</b>		ADDRESS <b>Cambridge, Maryland</b>	

690307

RECEIVED  
APR 12 1964  
BUREAU W. S.

3704

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

Reg. Dist. No. 118

1. PLACE OF DEATH- COUNTY <b>Dorchester</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Hurlock</b>		LENGTH OF STAY (in this place) <b>48 years</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Hurlock</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Academy Avenue</b>		STREET ADDRESS (If rural, give location) <b>Academy Avenue</b>			
3. NAME OF DECEASED (Type or Print)	(First) <b>Mary</b>	(Middle) <b>Emily</b>	(Last) <b>Wright</b>	4. DATE OF DEATH	(Month) <b>April</b> (Day) <b>9</b> (Year) <b>1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 16, 1876</b>	9. AGE last birthday <b>74</b> yrs.	If under 1 year: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Caroline County, Maryland</b>	
13. FATHER'S NAME <b>Zacchaeus Connelly</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Orland G. Dean, Hurlock, Maryland</b>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420-1 Immediate cause (a) **Coronary occlusion**  
 Antecedent cause(s) (b) **giving rise to the above cause stating the underlying cause last**  
 94a

(c)

INTERVAL BETWEEN ONSET AND DEATH **Instant**

11. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**M.D., Deputy Medical Examiner, Cambridge, Maryland**

**4/9/51**

23. BURIAL, CREMATION REMOVAL (Specify) **Burial** DATE THEREOF **April 12, 1951** NAME OF CEMETERY OR CREMATORY **Washington Cemetery** LOCATION (City, town, or county) **Hurlock, Maryland** (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

**April 12/51 Charles Hastings**

**J.J. Framptom and Son, Federalsburg, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

T

*Handwritten text, mostly illegible.*

**RECEIVED**

APR 16 1951

**BUREAU V. S.**

*Handwritten signature or initials.*

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

3727

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rhodesdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rhodesdale MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.D.</u>		STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) <u>S. Sayd</u> (First) <u>Young</u> (Last)		4. DATE OF DEATH (Month) <u>Apr</u> (Day) <u>30</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <u>Married</u>	8. DATE OF BIRTH <u>Jan 24 1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. FATHER'S NAME <u>Robert Young</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. MOTHER'S MAIDEN NAME <u>Marion Stetson</u>		14. MOTHER'S MAIDEN NAME <u>Hattie G. Colls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS <u>Hattie G. Colls</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary TB</u>		
Antecedent cause(s) (b) <u>132</u>		
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-16, 1950, to 4-30, 1951, that I last saw the deceased alive on 4-24, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above.

SIGNATURE [Signature] ADDRESS 732 Cedar St DATE SIGNED 5-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 3, 1951 NAME OF CEMETERY OR CREMATORY Bethel Cemetery LOCATION (City, town, or county) Cambridge MD

DATE REC'D BY LOCAL REG. May 8, 1951 REGISTRAR'S SIGNATURE Joan Mace, Jr. M.D. FUNERAL DIRECTOR'S ADDRESS Lewis H. Bayneum

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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970 VVV



RECEIVED

MAY 10 1951

BUREAU V. S.